### Campaign Finance Disclosure **State of South Dakota**



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petition.

Statewide PACs, political party, ballot question and other committees file statement with the

Secretary of State's Office.  Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre,
SD 57501-5070, fax to 605-773-6580 or email to kea.warne@state.sd.us Fax and email
images must contain the signature and the original must be filed in our office within one
week following the date the fax/email was received.
Check here if you are a legislative candidate filing a pre-primary or pre-general
report and received and spent less than \$10,000. If so, you only need to complete all of page 1 and lines 2 and 7 on page 8 of this report.
See pages 28-30 of the Guideline Book for specific instructions on completing this report.
Name of Committee: SD Health Care Association PAC
Complete Street and Postal Address: 804 N Western Ave Sioux Falls, SD 57104
Name of Person Making Report: Sarah Ewing
Daytime Phone Number: 605-339-2071 Evening Phone Number: 605-339-2071
Email Address: sarahewing@sdhca.org
If you are a candidate, what office are you seeking:
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or
Type of Campaign Statement:  year-end  Pre-election, year-end, mid-year(for ballot questions only), amendment, supplementing termination day of
Pre-election, year-end, mid-year(for ballot questions only), amendment, supplement regardination day of
The following verification must be completed before submitting report.  VERIFICATION OF PERSON MAKING REPORT
SECRETARY OF STATE  I. Sarah Evring (tyme name) contify that I have even ined this report and to the head
I, <u>Sarah Ewing</u> (type name), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to
timely file any statement, amendment, or correction required subjects the treasurer
responsible for filing to a civil penalty of fiftyu dollars per day for each day that the statement
Date: $\frac{5}{20/2008}$
Date: $\frac{5/20/2008}{}$

Revised June 2007

Signature of Treasurer

Ver 1.03

#### **Schedule A - Direct Contributions**

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and enter this sum as unitemized contributions on the first line below. Any contribution of more than \$100 or aggregate during a calendar year from an individual and all contributions from political parties and PAC's must be entered as a separate item (itemized) giving the amount, name, residence address, city and state of the contributor. Any contribution from a federal political committee or political committee organized outside this state shall also include the name and internet website address of the filing office where the committee regularly files. Each type of contributor has their own section for itemization.

#### **Unitemized Contributions from Individuals:**

Itemized	Contrib	utions	from	Indiv	idual	s:
					_	_

Itemized Contributions from In	dividuals:	
Name	Residence Address	Amount
Joe & Charlie Ward	Ward Enterprises AL 130 N. Sycamore Sioux Falls, SD 57110	\$153.18
Joe & Charlie Ward	Ward Enterprises AL 130 N. Sycamore Sioux Falls, SD 57110	\$267.03
Joe & Charlie Ward	Ward Enterprises AL 130 N. Sycamore Sioux Falls, SD 57110	\$250.47
Julie Schenkel	Good Sam. Society 2304 Laurel St Tyndall, SD 57066	\$140.76
Laurie Solem	Huron Nursing Home 1345 Michigan Ave SW Huron, SD 57350	\$305.00
Myron Moore	Good Sam. Society 455 N. Dakota Ave. Corsica, SD 57328	\$111.78
Daryl Reinicke	Westhills Village Healthcare 255 Texas St Rapid City, SD 57701	\$150.00
Daryl Reinicke	Westhills Village Healthcare 255 Texas St Rapid City, SD 57701	\$155.00
Wylie Barnes	Aberdeen Hith & Rehab 1700 N Hwy 281 Aberdeen, SD 57401	\$207.00
Clint Graybill	Southridge Healthcare 3600 S Norton Ave Sioux Falls, SD 57105	\$217.35
Michelle Juffer	Good Sam. Society 515 W Hwy 46 Wagner, SD 57380	\$140.76
Judy Headley	Menno-Olivet Care Center 402 S Pine Menno, SD 57045	\$101.43
Patty Kadlec	Faulkton Healthcare 1401 Pearl St. Faulkton, SD 57438	\$120.15
Mary Sateren	Fountain Springs, 2000 Wesleyan Blvd., Rapid City, SD 57702	\$150.00
Amanda Earl	Prairie View, 401 1st Avenue South-PO Box 68, Woonsocket, SD 57385	\$160.00
Shane Kluerer	Healthcare Services Group, 921 Square Terrace, Green Bay, WI 54313	\$105.00
Robin Williamson	Omnicare, 709 N Kiwanis Ave, Sioux Falls, SD 57103	\$160.00
Lori Merkwan	Golden Living Center, 415 4th Ave NE, Watertown, SD 57201	\$475.00

# Schedule A - Direct Contributions (continued)

Itemized Contributions from Political Part Party Name	Address	Λ ~~~ ~
r arty Name	Address	Amount
	·	
		***
Total Contributions from Political Parties:		\$0.00
Itemized Contributions from South Dakot	a Political Action Committees (PAC's) or South Dakot	a Candidate
Committees - All contributions must be itemize	d.	
PAC Name	Address	Amount
, , to traine	Address	Amount
Fotal Contributions from Courts Delegate D. P. L. A.		
otal Contributions from South Dakota Political A	ction Committees and South Dakota Candidate Committees:	\$0.0

ommittee regularly files their campaign fina		1
PAC Name	Internet Website Address	Amount
otal Contributions from Federal and ou	t-of-state Political Action and Candidate Committees:	\$0
		·
	Total of All Direct Contributions:	\$8,250
Sche	dule B - In Kind Contributions	
anort all non cook contributions of sec	do an agricultura and the actionated fair resolutions of the south	
eport all non-cash contributions of good federal political committee or political o	ds or services and the estimated fair market value. If the contrommittee organized ourside this state, list the name and intere	ribution is tror ent website
dress of the filing office where the con	nmittee regularly files their campaign finance report.	on wobono
Description of Non-Oosh Ospatibution	- In	<b></b>
Description of Non-Cash Contribution	Name and Residence Address or Name and Internet Website Address	Estimated Va

#### Schedule C - Other Income

Use this schedule to report any refunds, rebates, interest earned, sale of property or other income which is not a direct contribution.

Source of Income	Description of Income	Amount
	Total:	\$0.00

#### Schedule D - Establishing and Administration of Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or soliciation costs of the political committee.

Organization Name and Categorical Description for Direct Funds	Estimated Value
	***************************************
Total of Administration/Solic	itation Costs: \$0.00

## Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for Expenses Contributions Made to Candiates and Committees Item **Amount** Name of Candidate or Committee Amount Advertising Senate Republican Campaign Committee \$500.00 Consulting Postage **Printing** Rent Salaries Telephone Travel Utilities Interest Paid Miscellaneous Other \$100.08 Other 1 Entry to Events

Total Expenditures:

\$600.08

# Schedule F - Debts and Obligations Owed by Committee

This schedule is to report all of the committee's obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. You must include the terms, interest rate and repayment schedule of each loan and the nature of each obligation.

Owed to - Lender's Name	Nature of Obligation or Terms of Loar	Street Address, City and State	Amount
			\$0.00
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		al-management and the street of the street o	
			**************************************
		Total Obligations:	\$0.00

Schedule G - Loans Owed to Committee

This schedule is to report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

Name of Recipient of Loan, Street Address, City and State	Amount of Loan Made During the Reporting Period	Amount of Loan Repaid During the Reporting Period	Balance of Loan at the End of the
			***************************************
			:
Totals:	\$0.00	\$0.00	\$0.00

Net Loaned During Reporting Period:

\$0.00

### **Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1.	Amount on hand, if any, at the beginning of the reporting perio	d:	\$4,809.36
2.	Receipts		
	Schedule A - Direct Contributions	\$8,250.47	
	Schedule B - In-Kind Contributions	\$0.00	
	Schedule C - Other Income	\$0.00	
	Schedule D - Establishing/Administration of Committee	\$0.00	
	Total of all Receipts	\$8,250.47	
3.	Total Monetary Receipts		\$8,250.47
4.	Candidate's Personal Contribution to Own Campaign		\$0.00
5.	Monetary Loans to Candidate or Committee During Reporting	Period	\$0.00
6.	Monetary Loans Repaid During Reporting Period		\$0.00
7.	Expenditures - Schedule E		\$600.08
8.	Debts and Obligations Owed by Committee - Schedule F	60.00	
9.	Monetary Loans Made by the Committee During the Reporting	Period - Schedule G	\$0.00
10.	Monetary Loans Repaid to Committee During the Reporting Pe	eriod - Schedule G	\$0.00
11.	Amount on hand at the close of this reporting period. *		\$12,459.75

<sup>\*</sup>Note: You cannot end the reporting period with a negative balance.

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.